



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

March 4, 2019

The Honorable Debbie Wasserman Schultz
Madam Chair
Subcommittee on Military Construction,
Veterans Affairs, and Related Agencies
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

In accordance with Section 218 of Division C of the Energy and Water, Legislative Branch, and Military Construction and Veterans Affairs Appropriations Act, 2019 (Public Law (P.L.) 115-244), this letter provides notification of the Department of Veterans Affairs' (VA) intent to transfer \$95.94 million of Fiscal Year (FY) 2019 funds, \$68.78 million from the Medical Community Care appropriation and \$27.16 million from the Medical Services appropriation, to the Information Technology (IT) Systems account. The purpose of this transfer is to fund the IT projects that are required to support implementation of the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 (P.L. 115-182). The successful implementation of the MISSION Act is VA's highest priority. This critical funding will provide multiple IT projects that will allow VA to implement various sections of the MISSION Act.

VA does not expect any adverse impact to Veterans' health care due to the transfer of funds from the Medical Community Care and Medical Services accounts. Enclosed is a summary description of each project, the funding, and the category of requested IT funding. Without timely approval of this request, VA implementation of critical sections of the MISSION Act could be in jeopardy. VA has already identified \$33.5 million in IT Systems account carryover sustainment funds to be applied against MISSION Act implementation requirements.

Similar letters have been sent to the leadership of the House and Senate Committees on Appropriations. Thank you for your continued support of our mission to provide services and benefits to our honored Veterans.

Sincerely,

A handwritten signature in blue ink, reading "Robert L. Wilkie", is positioned below the "Sincerely," text.

Robert L. Wilkie

Enclosures

**Department of Veterans Affairs
Information Technology Systems
2019 Transfer Request**

The Department of Veterans Affairs (VA) is requesting approval to transfer \$95.94 million from Medical Care programs to the Information Technology (IT) Systems account in support of 2019 MISSION Act IT requirements. The requested funding will support 11 Office of Information and Technology (OIT) Congressional Projects across 6 OIT Congressional Programs. This transfer will provide funding for critical IT systems development and modernization needed in Fiscal Year (FY) 2019, consisting of \$51.75 million in Development and \$44.19 million in Operation and Maintenance. The request funds critical projects and ensures that VA has the resources to support its highest priority MISSION Act programs for FY 2019. The requested transfer totals \$95.94 million, \$68.78 million from the Medical Community Care appropriation and \$27.16 million from the Medical Services appropriation:

A. \$51.75 Million Transfer to FY 2019 IT Systems Development Subaccount

1. Health Management Platform - \$45.87 million

Funding will support MISSION Act (Sections 101, 102, 105, 108, 111, 113, 114, and 134):

- \$12.44 million (Sections 101, 105, and 108) will allow VA to integrate and deploy the HealthShare Referral Manager (HSRM) to include integration to be in alignment with Community Care Network (CCN) and MISSION Act requirements. HSRM is VA's future state referral system that will be used to create all referrals for Community Care. This system will integrate with CCN vendor systems, VA claims payment systems, and vendor reimbursement systems to ensure Community Care medical claims are appropriately adjudicated based on the approved care. In addition, this system will provide a portal to Community Care providers that will allow them to access Veterans' applicable referrals and medical documentation associated with individual episodes of care as well as support receiving Veterans' medical documentation after the care has been received in the community. Funding will be used to continue automation and integration with VA systems, continue integration and rollout with VA payment systems, integrate walk-in care and urgent care requirements, develop new requirements to support the CCN contract requirements, and to fully replace legacy referral systems.
- \$5.62 million (Section 101) will fund continued development of the Decision Support Tool (DST) for automation and integration of a long term sustainable CC tool. DST will implement new functionality that will aid clinical staff in determining whether a Veteran should be seen in a VA clinic and, if not, which non-VA program authority should be used to refer the Veteran into the community. Funding will be used to integrate DST with VA

scheduling systems, as well as continue automation and integration of data to support the decision-making process.

- \$4.8 million (Section 101 and 102) will fund the Enterprise Program Reporting System (EPRS) to monitor operations of the Community Care Program (CC) and CCN contract. EPRS is a reporting tool that will provide Office of Community Care leadership and the CCN Contracting Officer Representative data on Community Care metrics for CCN oversight and executive reporting. Funding will be used to integrate new data and reports associated with Veterans' Community Care experience data, Access Standards implementation, and additional metrics for monitoring the quality of care provided and furnished through CCN.
- \$2.15 million (Sections 101 and 102) will fund the Integrated Billing and Accounts Receivable to assist in tracking visits and to bill the appropriate type of copay to prevent loss of revenue and mitigate a potentially large backlog of first party billing.
- \$1.24 million (Sections 101, 102, 105, 111, 113, and 114) will provide funding for the Community Care Reimbursement System (CCRS) and Computerized Patient Record System (CPRS) to continue to enhance both systems in support of the MISSION Act, remove Choice program options, and add appropriate MISSION Act eligibility requirements. CCRS is a new system that will be implemented to reimburse CCN contractors for medical claims paid to Community Care Providers. Funding will be used to support new MISSION Act requirements associated with walk-in care and urgent care. Enhancements to CPRS include removing references to the Choice program and adding MISSION Act eligibility options.
- \$18.54 million (Section 134) will provide for drug monitoring pharmacy management allowing VA to participate in the national network of state-based Prescription Drug Monitoring Program (PDMP). The goal is to establish an automated Veterans Health Administration (VHA)-wide solution to query state Prescription Monitoring Program databases. VHA, when providing patient care or performing administrative functions, using a third-party service, will link or be interconnected to State PDMP data resources to provide interstate PDMP data sharing to health care institutions for integration into VA's electronic health systems (e.g., Veterans Health Information Systems and Technology Architecture (VistA), Computerized Patient Record System (CPRS), and Electronic Health Record Modernization).
- \$1.08 million to fully integrate the Provider Profile Management System (PPMS) with Integrated Access Management and VistA. PPMS manages all Community Care Providers' contact information, locations, eligibility, and VA contract or agreement association. This system provides provider data to many downstream systems to ensure Veterans and VA staff have a single location to identify available external providers. Funding will be used to enhance PPMS to include managing walk-in care providers, integrating Veteran Community Care experience data, updating existing functionality to automatically and manually deactivate providers that are excluded from

providing services, and providing the ability to track provider training requirements.

2. Clinical Applications - \$4.08 million

Funding will support MISSION Act Section 162(a) to fund development of Caregiver Application Tracker (CAT) database. The new Caregivers solution will provide a system that allows qualified families of severely disabled Veterans to receive stipends from VA for providing caregiver services.

3. Other IT Systems - \$1.80 million

Funding will support MISSION Act Section 152 to fund development of the Customer Relationship Management (CRM) Platform to create a CRM database back-end platform to support an internal and external stakeholder engagement website to facilitate innovation sourcing and engagement at scale by leveraging appropriate technology with minimal FTE support to drive sustainable operations at scale.

B. \$44.19 Million Transfer to FY 2019 IT Systems Operations and Maintenance Subaccount

1. Benefits Operations and Maintenance - \$2.2 million

Funding will support MISSION Act (Sections 101, 105, and 143) to ensure that the Veterans Customer Experience project complies with MISSION Act direction to enhance the enrollment system to meet grandfather status eligibility requirements.

2. Enterprise Operations and Maintenance - \$6.77 million

Funding will support MISSION Act (Sections 101, 104, 106, 131, and 203):

- \$3.0 million (Section 104) will fund continued sustainment and enhancements of the Business Information Services Library (BISL) Electronic Quality Measurement infrastructure. Funding will be used to continue maintenance and enhancements for Community Care data management in the Corporate Data Warehouse, which is used to provide a consolidated view of decentralized Veteran data for reporting and managing standards for quality.
- \$3.0 million (Sections 101 and 131) will support Data Access Service (DAS) to ensure continued sustainment support to include bug fixes and maintenance support. DAS is VA's gateway to receiving and sending external data and this funding will provide the ability to continue to communicate with CCN vendors as well as integrate new CCN vendors while ensuring compliance with the CCN contracts.
- \$0.77 million (Sections 106 and 203) will provide enhance abilities within the Geographic Information Systems (GIS) Healthcare Enterprise Support and Services & Infrastructure. GIS technology will be used for strategic planning, patient drive time analysis, population health management, emergency management, bio-surveillance, and tools and analysis to support the MISSION Act requirements, as well as future Office of Community Care

transformation initiatives. The Community Care Program (CCP) relies on this ability to provide GIS data when determining geographic eligibility for its approximately 9 million eligible members. The GIS data are critical to supporting CCP and are legislatively mandated to do so.

3. Health Operations and Maintenance - \$35.22 million

Funding will support MISSION Act (Sections 101, 102, 105, 106, 108, 111, 112, 114, 122, 131, 132, 143, and 203):

- \$21.80 million will support community care initiatives related to: additional enhancements for Data Access Service support for the Get the Data Back MISSION Act requirements, streamlining the external medical data collection process; and a program integrity tool to support a more robust infrastructure to aid in increased claims volume in support of MISSION Act. It will also support PPMS modifications to existing PPMS CRM functionalities, Data Web Services, and Integration Web Services that support full Community Care integration requirements. VA will continue to work with onboarding CCN Regions to ensure VA receives external provider data required by Community Care. This funding will also support the provider locator functionality on the VA.gov Web site allowing Veterans the ability to search for Community Care providers.
- \$0.12 million (Sections 106 and 203) will fund Data Access, Archiving, and Disposition for Veterans Health Administration Strategic Analysis Service Planners to analyze Veterans' geographic locations.
- \$5.13 million will fund Connected Health and Mobile Apps to support and sustain Mobile application infrastructure in VA Enterprise Cloud and to support cloud capacity and tier 2 and tier 3 support and sustainment of developed mobile apps.
- \$3.5 million will fund the sunset of VA's legacy medical claims payment system, Fee Basis Claims System (FBCS), and the management of data migration to a centralized location for historical management and reporting. Additionally, this will allow for migration of open claims at the time of FBCS sunset to the new payment and authorization systems to ensure that all medical claims are appropriately adjudicated.
- \$3.9 million will be used to create the ability to monitor opioid prescriptions from Community Providers.
- \$0.77 million (Sections 101 and 102) to support Cloud credits to support EPRS to successfully monitor operations of CCP and CCN.

Department of Veterans Affairs			
Fiscal Year 2019 Office of Information and Technology Systems			
VHA Mission Act Transfer to OIT			
(Dollars in Thousands)			
	FY 2019/2020 Plan	VHA Transfer In	Revised FY 2019/2020 Plan
Development by Program			
Clinical Applications	32,479	4,080	36,559
Health Management Platform	70,391	45,870	116,261
Benefits Systems	129,615	-	129,615
Memorial Affairs	18,800	-	18,800
Other IT Systems	78,571	1,800	80,371
Cyber Security	17,000	-	17,000
Information/Infrastructure Management	33,715	-	33,715
Subtotal, Development	380,571	51,750	432,321
Sustainment/O&M by Portfolio			
Health Operations and Maintenance	816,659	35,220	851,879
Benefits Operations and Maintenance	258,682	2,200	260,882
Corporate Operations and Maintenance	251,857	-	251,857
Enterprise Operations and Maintenance	1,192,730	6,770	1,199,500
Memorial Operations and Maintenance	3,281	-	3,281
Subtotal, Sustainment	2,523,209	44,190	2,567,399
Development	380,571	51,750	432,321
Sustainment/O&M	2,523,209	44,190	2,567,399
Staffing and Administration	1,199,220	-	1,199,220
Total	4,103,000	95,940	4,198,940
Development Details by Program & Project			
Clinical Applications	32,479	4,080	36,559
Access and Billing	5,891	-	5,891
My HealtheVet	10,300	-	10,300
Health Data Interoperability	13,000	-	13,000
Registries	3,288	-	3,288
Healthcare Administrative Systems	-	4,080	4,080
Health Management Platform	70,391	45,870	116,261
Digital Health Platform	15,682	-	15,682
Community Care	25,303	26,950	52,253
Patient Records System (CPRS)	14,300	380	14,680
Purchased Care	9,076	-	9,076
Telehealth Services	6,030	-	6,030
Pharmacy	-	18,540	18,540
Benefits Systems	129,615	-	129,615
Benefits Appeals	2,500	-	2,500
Education Benefits	37,830	-	37,830
Veterans Customer Experience - VCE	47,564	-	47,564
Veterans Benefits Management	10,000	-	10,000
Benefits Systems	31,721	-	31,721
Memorial Affairs	18,800	-	18,800
Memorials Automation	18,800	-	18,800
Other IT Systems	78,571	1,800	80,371
Human Resources	12,600	-	12,600
Financial and Acquisition Management Modernization	65,971	-	65,971
Data Access, Archiving and Disposition	-	1,800	1,800
Cyber Security	17,000	-	17,000
Cyber Security	17,000	-	17,000
Information/Infrastructure Management	33,715	-	33,715
Data Integration and Management	33,715	-	33,715
Grand Total	380,571	51,750	432,321